Edgar Filing: BESSETTE ANDY F - Form 4

| BESSETTE ANI | DY F | | | | | | | | | | |
|--|-----------------------|---|--|-------------------------------------|---|--|---|------------------|--------------------|--|--|
| Form 4 | | | | | | | | | | | |
| February 07, 201 | 9 | | | | | | | | | | |
| FORM 4 | L | | | | | | | | PPROVAL | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | N OMB Number: | 3235-0287 | | |
| Check this box if no longer | | | | | | Expires: | January 31, | | | | |
| subject to Section 16. Form 4 or | AENT OI | F CHAN | NGES IN SECUF | Estimated burden hou response | urs per | | | | | | |
| Form 5 obligations may continue. <i>See</i> Instruction 1(b). | Section 17(| a) of the I | Public U | tility Hol | ding Cor | | nge Act of 1934, of 1935 or Section 940 | on | | | |
| (Print or Type Respo | onses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> BESSETTE ANDY F | | | 2. Issuer Name and Ticker or Trading Symbol TRAVELERS COMPANIES, INC. | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | [TRV] | ELEKS U | OMPAN | IES, INC. | (Check all applicable) | | | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction | | | | Director | | % Owner | | |
| THE TRAVELE INC., 385 WAS | | (Month/Day/Year) 02/05/2019 | | | | X Officer (give title Other (specify below) below) EVP and Chief Admin Officer | | | | | |
| (Street) | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | Filed(Month/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| ST. PAUL, MN | 55102 | | | | | | Person | wore than one R | epotting | | |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Derivative | Securities A | cquired, Disposed | of, or Beneficia | lly Owned | | |
| 1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution I (Instr. 3) (Month/Day) | | Date, if TransactionAcquired (A) or Code Disposed of (D) | | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| Reminder: Report of | n a conorato lina | for each cl | nee of see | urities banat | ficially on | ned directly | or indirectly | | | | |
| Kennider, Keport of | n a separate find | | | unities benef | Perso inform requir | ns who res nation cont red to resp nys a curre | spond to the colle tained in this form ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) | | |
| | Tab | | | | | posed of, or convertible | Beneficially Owned securities) | 1 | | | |

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|------------|---------------------|--------------------|-----------|--------------|-------------------------|------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDerivative | Expiration Date | Underlying Securities |

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | ny Month/Day/Year) | Code (Instr. 8) | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | (Month/Day/Year) | | (Instr. 3 and 4) | | |
|---|---|---------------|-----------------------------|--------------------|--|-----|---------------------|--------------------|------------------|-------------------------------------|--|
| | | | | Code V | (A) (| (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Options (Right to Buy) | \$ 126.18 | 02/05/2019 | | А | 25,229 | | 02/05/2022 | 02/05/2029 | Common Stock | 25,229 | |
| Reporting Owners | | | | | | | | | | | |
| Don | orting Owner N | ama / Address | Relationships | | | | | | | | |
| Reporting Owner Name / Address | | Director 10 |)% Owner | Officer | | | Other | | | | |
| BESSETTE ANDY F THE TRAVELERS COMPANIES, INC. 385 WASHINGTON STREET ST. PAUL, MN 55102 | | | EVP and Chief Admin Officer | | | | | | | | |
| Signa | tures | | | | | | | | | | |
| • | C. Skjerven, | by power of | 02/0 | 7/2019 | | | | | | | |
| <u>**</u> S | Signature of Report | ting Person | D | Date | | | | | | | |
| Evaluation of Reconcese: | | | | | | | | | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.